

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

5076

-62-020775  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 31 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Homer G. Phillips**

Inside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

**Missouri**

b. COUNTY

**St. Louis**

c. CITY  
OR TOWN

d. STREET ADDRESS (If outside, give location)  
**3119 Delmar**

Inside Limits  
Yes ☐ No ☐

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

First

Middle

Last

**Matthew**

**Morgan**

4. DATE OF DEATH

Month

Day

Year

**5**

**17**

**62**

5. SEX

**Male**

6. COLOR OR RACE

**Negro**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**5/6/1885**

9. AGE (last birthday)

**77**

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Retired**

10b. KIND OF BUSINESS OR INDUSTRY

**Railroad**

11. BIRTHPLACE (City and state or country)

**Murphersboro - Ill.**

12. CITIZEN OF WHAT COUNTRY

**U. S. A.**

13a. FATHER'S NAME

**Isaac Morgan**

13b. MOTHER'S MAIDEN NAME

**UNKNOWN**

14. NAME OF HUSBAND OR WIFE

**Ardania Morgan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

**Ardania Morgan - 3119 Delmar**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Obstructive Uropathy**

**Undet.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **Carcinoma of Prostate**

**Undet.**

DUE TO (c) **177X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **5-9-62** to **5-17-62** and last saw him alive on **5-17-62**

Death occurred at **11:25** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Merle B. Newford M.D.**

22b. ADDRESS

**2601 N. Whittier Street**

22c. DATE SIGNED

**5-17-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**BURIAL**

23b. DATE

**5-24-62**

23c. NAME OF CEMETERY OR CREMATORY

**GREENWOOD Cem.**

23d. LOCATION (City, town, or county)

**St. Louis, Co. Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Peoples Und. Co. 3100 Franklin Ave.**

25. DATE RECD. BY LOCAL REG.

**MAY 18 1962**

26. REGISTRAR'S SIGNATURE

**Loan Smith M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

VS 300  
Rev. 4/59

1

2 **22**

3

4 **2**

5 **1**

6

7 **1**

8 **2**

9

10

11

12 **77-0**

13

**77**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*H. Claude Hudson*

Licensed Embalmer No.

*3489*

P. O. Address

*4500 Harding, Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.